## Case 16-14994-mdc Doc 53 Filed 10/17/17 Entered 10/17/17 15:04:24 Desc Main Document Page 1 of 4

							_				
Fill	in this information t	o identify your ca	ase:								
Del	btor 1	Kareem Om	ari Samuel			_					
1	btor 2 buse, if filing)					_					
Uni	ited States Bankrup	tcy Court for the	: EASTERN DISTRICT	OF PENNSYLVANI	A	_					
Ca	se number 16-	14994		_			Chec	k if this is:	•		
(If kı	nown)						<b>■</b> A	n amende	ed filing		
_										g postpetition ollowing date:	
	fficial Form						N	1M / DD/ Y	YYYY		
S	chedule I: `	Your Inc	ome								12/15
atta	ch a separate she	et to this form.	r spouse is not filing w On the top of any additi								
١.	information.	oyment		Debtor 1				Debtor 2	2 or non-fi	ling spouse	
	If you have more		Employment status	■ Employed				☐ Emple	oyed		
	attach a separate information about employers.		Employment status	☐ Not employed				☐ Not e	mployed		
	, ,		Occupation	painter							
	Include part-time, self-employed wo		Employer's name	bryn mawr auto	o body						
	Occupation may i or homemaker, if		Employer's address	713 west haver Bryn Mawr, PA		enue	e 				
			How long employed t	here? 10 yea	rs			_			
Pai	rt 2: Give De	tails About Mor	nthly Income								
	imate monthly incouse unless you are		ate you file this form. If	you have nothing to ı	report for	any	line, write	s \$0 in the	space. Inc	clude your no	n-filing
•	ou or your non-filing e space, attach a se	•	ore than one employer, co	ombine the information	on for all e	empl	oyers for	that perso	on on the li	nes below. If	you need
							For Del	otor 1		btor 2 or ng spouse	
2.			ry, and commissions (b calculate what the month		2.	\$	8	,293.00	\$	N/A	
3.	Estimate and list	t monthly overt	ime pay.		3.	+\$		0.00	+\$	N/A	
4.	Calculate gross	Income. Add lir	ne 2 + line 3.		4.	\$	8,29	93.00	\$	N/A	

Deb	tor 1	Kareem Omari Samuel	_	C	Case number (if kno	own)	16-14	994		
					For Debtor 1			Debtor 2		
	Cop	by line 4 here	4.		\$ 8,293	.00	\$	3 -	N/A	_
5.	l ief	all payroll deductions:								_
٥.	5a.	Tax, Medicare, and Social Security deductions	5a		\$ 2.466	00	¢		NI/A	
	5a. 5b.	Mandatory contributions for retirement plans	5b			.00	\$		N/A N/A	_
	5c.	Voluntary contributions for retirement plans	5c.		\$ 200		\$		N/A	
	5d.	Required repayments of retirement fund loans	5d			.00	\$		N/A	_
	5e.	Insurance	5e		\$ 284		\$		N/A	-
	5f.	Domestic support obligations	5f.		\$ 948	.00	\$		N/A	_
	5g.	Union dues	5g			.00	\$		N/A	_
	5h.	Other deductions. Specify:	5h	.+	\$0	.00	+ \$		N/A	_
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$3,898	.00	\$		N/A	-
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$ 4,395	.00	\$		N/A	=
8.	List 8a.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total								
		monthly net income.	8a		\$ 0	.00	\$		N/A	
	8b.	Interest and dividends	8b			.00	\$		N/A	_
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.		\$ 0	.00	\$		N/A	_
	8d.	Unemployment compensation	8d		:	.00	\$		N/A	
	8e.	Social Security	8e			.00	\$		N/A	_
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:	8f.			.00	\$		N/A	_
	8g.	Pension or retirement income	8g			.00	\$		N/A	_
	8h.	Other monthly income. Specify: tax refund	8h	.+	\$ 750	.00	+ \$		N/A	-
9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	750	.00	\$		N/A	A
10.	Cal	culate monthly income. Add line 7 + line 9.	10.	\$	5,145.00	+ \$		N/A	= \$	5,145.00
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		_	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					.,
11.	1. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.  Specify:  11. +\$ 0.00									
12.	12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12.									5,145.00
13.	Do	you expect an increase or decrease within the year after you file this form	?						monthl	y income
		No.								
		Yes. Explain: child support end june 2018. the child will age or	ut of	sc	hool.					

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E-11-	in this inform	tions to bid on the						
		tion to identify yo						
Debt	tor 1	Kareem Oma	ri Samu	el			k if this is: An amended filing	
Dehi	tor 2					_	g .	ving postpetition chapter
	ouse, if filing)						13 expenses as of	
Unite	ed States Bankr	uptcy Court for the:	EASTE	RN DISTRICT OF PENNS	YLVANIA	-	MM / DD / YYYY	
Case	e number 16	5-14994						
	nown)							
Of	ficial Fo	rm 106J						
		J: Your E	Evnor	1606				12/1
Be a info	as complete a ormation. If m nber (if know	and accurate as ore space is nee n). Answer ever	possible eded, atta y questio	. If two married people ar				or supplying correct
Part	Is this a join	ibe Your Housel nt case?	noia					
	■ No. Go to							
		s Debtor 2 live i	n a separ	ate household?				
	□N		•					
	□ Y	es. Debtor 2 mus	t file Offici	al Form 106J-2, Expenses	for Separate House	hold of Debi	tor 2.	
2.	Do vou have	e dependents?	□ No					
	Do not list Debtor 2.		Yes.	Fill out this information for each dependent	Dependent's relati Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	Do not state	tho						□ No
	dependents				fiancee			■ Yes
								□ No
					son		4	■ Yes
								□ No
					daughter		<u>8</u>	Yes
							44	□ No
3.	Do your ove	enses include	_		son			Yes
Э.	, ,	f people other th	an	No				
		d your depender		Yes				
exp	imate your ex	ate Your Ongoir penses as of yo date after the b	ur bankr	y Expenses uptcy filing date unless y y is filed. If this is a supp	ou are using this follower that are using this follower that the second	orm as a su J, check th	pplement in a Cha e box at the top o	pter 13 case to report f the form and fill in the
the		n assistance and		government assistance i luded it on <i>Schedule I:</i> Y			Your expe	enses
4.		or home ownersh and any rent for the		ses for your residence. In or lot.	nclude first mortgage	4. \$		1,265.46
	If not includ	led in line 4:						
		estate taxes				4a. \$		0.00
		rty, homeowner's				4b. \$		200.00
		maintenance, rep owner's associati		upkeep expenses		4c. \$ 4d. \$		27.00
5.				our residence, such as ho	me equity loans	4a. \$ 5. \$		0.00 0.00

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Debtor 1 Ka	areem Omari Samuel	Case numb	er (if known)	16-14994
1  4:1:4:				
6. <b>Utilities:</b> 6a. Ele	ectricity, heat, natural gas	6a.	\$	200.00
	ater, sewer, garbage collection		\$ ———	110.00
	elephone, cell phone, Internet, satellite, and cable services		\$	457.00
	her. Specify:		\$ ———	0.00
	d housekeeping supplies		\$ 	900.00
	re and children's education costs		\$ \$	
			·	25.00
_	, laundry, and dry cleaning		\$	250.00
	I care products and services		\$	100.00
	and dental expenses	11.	\$	150.00
-	rtation. Include gas, maintenance, bus or train fare.	12.	\$	352.00
	clude car payments.		\$	
	nment, clubs, recreation, newspapers, magazines, and books			80.00
	ole contributions and religious donations	14.	Ф	0.00
5. Insuranc				
	clude insurance deducted from your pay or included in lines 4 or 20.	150	Φ	0.00
	e insurance	15a.		0.00
	ealth insurance	15b.	*	0.00
	chicle insurance	15c.		220.00
	her insurance. Specify:	15d.	\$	0.00
	Oo not include taxes deducted from your pay or included in lines 4 or 20.			
Specify:		16.	\$	0.00
	ent or lease payments:		_	
17a. Ca	ar payments for Vehicle 1	17a.	\$	0.00
17b. Ca	ar payments for Vehicle 2	17b.	\$	0.00
17c. Ot	her. Specify:	17c.	\$	0.00
17d. Ot	her. Specify:	17d.	\$	0.00
3. Your pay	yments of alimony, maintenance, and support that you did not report a	as		
deducte	d from your pay on line 5, Schedule I, Your Income (Official Form 106I)	) <b>.</b> 18.	\$	0.00
9. Other pa	syments you make to support others who do not live with you.		\$	0.00
Specify:		19.	_	
). Other re	al property expenses not included in lines 4 or 5 of this form or on Sca	hedule I: You	ur Income.	
20a. Mo	ortgages on other property	20a.	\$	0.00
20b. Re	eal estate taxes	20b.	\$	0.00
20c. Pr	operty, homeowner's, or renter's insurance	20c.	\$	0.00
20d. Ma	aintenance, repair, and upkeep expenses	20d.	\$	0.00
	omeowner's association or condominium dues	20e.		0.00
1. <b>Other:</b> S		21.	·	0.00
. •	Pooliy.		·Ψ	0.00
2. Calculat	e your monthly expenses			
22a. Add	l lines 4 through 21.		\$	4,336.46
22b. Cop	by line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	2	\$	,
	line 22a and 22b. The result is your monthly expenses.		\$	4,336.46
ZZU. MUU	Timo 22a and 22b. The result is your monthly expenses.		Ψ	4,330.40
3. Calculat	e your monthly net income.			
	ppy line 12 (your combined monthly income) from Schedule I.	23a.	\$	5,145.00
	ppy your monthly expenses from line 22c above.	23b.		4,336.46
	100		·	7,000170
23c. Su	ubtract your monthly expenses from your monthly income.			
	e result is your <i>monthly net income</i> .	23c.	\$	808.54
	, ,	L		
4. Do you e	expect an increase or decrease in your expenses within the year after	you file this	form?	
For examp	ole, do you expect to finish paying for your car loan within the year or do you expect yo			ease or decrease because of a
modification	on to the terms of your mortgage?			
■ No.				
☐ Yes.	Explain here:			